

# 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

 PAGE 1 OF 12  
 FOR SE OF FORM 24/48

|   |             |  |   |  |  |
|---|-------------|--|---|--|--|
| NAME OF COMMITTEE (In Full)<br><b>Workers' Voice</b>  |             |  | FEC IDENTIFICATION NUMBER ▼<br><b>C</b> C00484287   |  |  |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: flex; justify-content: flex-end; gap: 10px;"> <div><div style="border: 1px solid black; padding: 2px;">M M M</div> / <div style="border: 1px solid black; padding: 2px;">D D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> </div> |             |  |   |  |  |
| Full Name of Payee<br><b>Grassroots Solutions</b>   |             |  | Date of Public Distribution/Dissemination<br><div style="display: flex; justify-content: flex-end; gap: 10px;"><div><div style="border: 1px solid black; padding: 2px;">M M M</div> / <div style="border: 1px solid black; padding: 2px;">D D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div><div>10 / 12 / 2014</div></div>                      |  |  |
| Mailing Address 2828 University Avenue SE, #150   |             |  | Amount<br><div style="border: 1px solid black; padding: 2px; text-align: right;">1301.02</div>  |  |  |
| City<br>Minneapolis   | State<br>MN | Zip Code<br>55414  | Transaction ID : D549520<br>Date of Disbursement or Obligation<br><div style="display: flex; justify-content: flex-end; gap: 10px;"><div><div style="border: 1px solid black; padding: 2px;">M M M</div> / <div style="border: 1px solid black; padding: 2px;">D D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div><div>10 / 12 / 2014</div></div> |  |  |
| Purpose of Expenditure<br>Canvassers  |             | Category/<br>Type 001  |   |  |  |
| Name of Federal Candidate<br>GARY PETERS  |             | <input checked="" type="checkbox"/> Support<br><input type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00<br><input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MI   |  |  |
| Calendar Year-To-Date<br>Per Election for Office Sought<br><div style="border: 1px solid black; padding: 2px; text-align: right;">86551.91</div>  |             |  | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br>2014 <input type="checkbox"/> Other (specify) ▶   |  |  |

  

|  |             |  |   |  |  |
|--|-------------|--|---|--|--|
| Full Name of Payee<br><b>Grassroots Solutions</b>  |             |  | Date of Public Distribution/Dissemination<br><div style="display: flex; justify-content: flex-end; gap: 10px;"><div><div style="border: 1px solid black; padding: 2px;">M M M</div> / <div style="border: 1px solid black; padding: 2px;">D D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div><div>10 / 12 / 2014</div></div>                      |  |  |
| Mailing Address 2828 University Avenue SE, #150  |             |  | Amount<br><div style="border: 1px solid black; padding: 2px; text-align: right;">1301.02</div>  |  |  |
| City<br>Minneapolis  | State<br>MN | Zip Code<br>55414  | Transaction ID : D549521<br>Date of Disbursement or Obligation<br><div style="display: flex; justify-content: flex-end; gap: 10px;"><div><div style="border: 1px solid black; padding: 2px;">M M M</div> / <div style="border: 1px solid black; padding: 2px;">D D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div><div>10 / 12 / 2014</div></div> |  |  |
| Purpose of Expenditure<br>Canvassers   |             | Category/<br>Type 001  |   |  |  |
| Name of Federal Candidate<br>TERRI LYNN LAND   |             | <input type="checkbox"/> Support<br><input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00<br><input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MI   |  |  |
| Calendar Year-To-Date<br>Per Election for Office Sought<br><div style="border: 1px solid black; padding: 2px; text-align: right;">86551.91</div> |             |  | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br>2014 <input type="checkbox"/> Other (specify) ▶   |  |  |

  

|   |   |
|---|---|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶    | <div style="border: 1px solid black; padding: 2px;">2602.04</div> |
| (b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶ | <div style="border: 1px solid black; padding: 2px;"></div>        |
| (c) TOTAL Independent Expenditures..... ▶                   | <div style="border: 1px solid black; padding: 2px;"></div>        |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Ms. Elizabeth H Shuler*

Signature

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Date

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10 / 14 / 2014

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

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 FOR SE OF FORM 24/48

|  |   |
|--|---|
| NAME OF COMMITTEE (In Full)<br><b>Workers' Voice</b>   | <b>FEC IDENTIFICATION NUMBER ▼</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00484287         </div> |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;">           M M M / D D D / Y Y Y Y Y Y         </div> |   |

|   |             |  |  |  |  |
|---|-------------|--|--|--|--|
| Full Name of Payee<br><b>UNITE HERE Local 24</b>        |             |  | Date of Public Distribution/Dissemination<br><div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">10</div> <div style="border: 1px solid black; padding: 2px;">12</div> <div style="border: 1px solid black; padding: 2px;">2014</div> </div>                             |  |  |
| Mailing Address 300 River Place Drive Suite 2700        |             |  | Amount<br><div style="border: 1px solid black; padding: 2px; text-align: right;">51.68</div>   |  |  |
| City<br>Detroit   | State<br>MI | Zip Code<br>48207  | <b>Transaction ID : D549526</b><br>Date of Disbursement or Obligation<br><div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">10</div> <div style="border: 1px solid black; padding: 2px;">12</div> <div style="border: 1px solid black; padding: 2px;">2014</div> </div> |  |  |
| Purpose of Expenditure<br>InKind Staff                  |             | Category/<br>Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div> | Name of Federal Candidate<br>TERRI LYNN LAND   |  |  |
| Calendar Year-To-Date<br>Per Election for Office Sought |             | <div style="border: 1px solid black; padding: 2px; text-align: right;">86551.91</div>                  | Office Sought: <input type="checkbox"/> House District: 00<br><input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MI<br>Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br>2014 <input type="checkbox"/> Other (specify) ▶                           |  |  |

|   |             |  |  |  |  |
|---|-------------|--|--|--|--|
| Full Name of Payee<br><b>UNITE HERE Local 24</b>        |             |  | Date of Public Distribution/Dissemination<br><div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">10</div> <div style="border: 1px solid black; padding: 2px;">12</div> <div style="border: 1px solid black; padding: 2px;">2014</div> </div>                                   |  |  |
| Mailing Address 300 River Place Drive Suite 2700        |             |  | Amount<br><div style="border: 1px solid black; padding: 2px; text-align: right;">51.68</div>   |  |  |
| City<br>Detroit   | State<br>MI | Zip Code<br>48207  | <b>Transaction ID : D549527</b><br>Date of Disbursement or Obligation<br><div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">10</div> <div style="border: 1px solid black; padding: 2px;">12</div> <div style="border: 1px solid black; padding: 2px;">2014</div> </div>       |  |  |
| Purpose of Expenditure<br>InKind Staff                  |             | Category/<br>Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div> | Name of Federal Candidate<br>GARY PETERS   |  |  |
| Calendar Year-To-Date<br>Per Election for Office Sought |             | <div style="border: 1px solid black; padding: 2px; text-align: right;">86551.91</div>                  | Office Sought: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose<br><input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MI<br>Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br>2014 <input type="checkbox"/> Other (specify) ▶ |  |  |

|  |   |
|--|---|
| (a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶    | <div style="border: 1px solid black; padding: 2px; display: inline-block;">103.36</div> |
| (b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>       |
| (c) <b>TOTAL</b> Independent Expenditures..... ▶                   | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>       |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Elizabeth H Shuler

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Date

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Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

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 FOR SE OF FORM 24/48

|  |   |
|--|---|
| NAME OF COMMITTEE (In Full)<br><b>Workers' Voice</b>   | <b>FEC IDENTIFICATION NUMBER ▼</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00484287       </div> |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on |   |

|   |                       |  |   |
|---|-----------------------|--|---|
| Full Name of Payee<br><b>Voices of the American Federation of Government Employees</b>  |                       | Date of Public Distribution/Dissemination<br><div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY<br/>10 / 12 / 2014</div> </div>  |   |
| Mailing Address 80 F Street, NW   |                       | Amount<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">0.48</div>  |   |
| City<br>Washington  | State<br>DC           | Zip Code<br>20001  | <b>Transaction ID : D549531</b><br>Date of Disbursement or Obligation<br><div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY<br/>10 / 12 / 2014</div> </div> |
| Purpose of Expenditure<br>Inkind Staff Travel   | Category/<br>Type 002 | Name of Federal Candidate<br>CORY GARDNER <div style="float: right;"> <input type="checkbox"/> Support<br/> <input checked="" type="checkbox"/> Oppose         </div>  |   |
| Calendar Year-To-Date<br>Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">34089.11</div> |                       | Office Sought: <input type="checkbox"/> House District: 00<br><input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: CO<br>Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014<br><input type="checkbox"/> Other (specify) ▶ |   |

|   |                       |  |   |
|---|-----------------------|--|---|
| Full Name of Payee<br><b>Voices of the American Federation of Government Employees</b>  |                       | Date of Public Distribution/Dissemination<br><div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY<br/>10 / 12 / 2014</div> </div>  |   |
| Mailing Address 80 F Street, NW   |                       | Amount<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">123.74</div>  |   |
| City<br>Washington  | State<br>DC           | Zip Code<br>20001  | <b>Transaction ID : D549537</b><br>Date of Disbursement or Obligation<br><div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY<br/>10 / 12 / 2014</div> </div> |
| Purpose of Expenditure<br>InKind Staff  | Category/<br>Type 001 | Name of Federal Candidate<br>TERRI LYNN LAND <div style="float: right;"> <input type="checkbox"/> Support<br/> <input checked="" type="checkbox"/> Oppose         </div>   |   |
| Calendar Year-To-Date<br>Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">86551.91</div> |                       | Office Sought: <input type="checkbox"/> House District: 00<br><input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MI<br>Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014<br><input type="checkbox"/> Other (specify) ▶ |   |

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|--|---|
| <b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶    | <div style="border: 1px solid black; padding: 2px; display: inline-block;">124.22</div> |
| <b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>       |
| <b>(c) TOTAL</b> Independent Expenditures..... ▶                   | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>       |

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Ms. Elizabeth H Shuler

[Electronically Filed]

Date

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10 / 14 / 2014

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

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 FOR SE OF FORM 24/48

|  |   |
|--|---|
| NAME OF COMMITTEE (In Full)<br><b>Workers' Voice</b>   | <b>FEC IDENTIFICATION NUMBER ▼</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00484287       </div> |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on |   |

|   |  |  |   |
|---|--|--|---|
| Full Name of Payee<br><b>Voices of the American Federation of Government Employees</b>  |  | Date of Public Distribution/Dissemination<br><div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY<br/>10 / 12 / 2014</div> </div>  |   |
| Mailing Address 80 F Street, NW   |  | Amount<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">180.00</div>  |   |
| City<br>Washington  | State<br>DC  | Zip Code<br>20001  | <b>Transaction ID : D549540</b><br>Date of Disbursement or Obligation<br><div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY<br/>10 / 12 / 2014</div> </div> |
| Purpose of Expenditure<br>Inkind Staff Travel   | Category/<br>Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div> | Name of Federal Candidate<br>MITCH MCCONNELL   |   |
| Calendar Year-To-Date<br>Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">54853.66</div> |  | Office Sought: <input type="checkbox"/> House District: 00<br><input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: KY<br>Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014<br><input type="checkbox"/> Other (specify) ▶ |   |

|   |  |  |   |
|---|--|--|---|
| Full Name of Payee<br><b>Voices of the American Federation of Government Employees</b>  |  | Date of Public Distribution/Dissemination<br><div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY<br/>10 / 12 / 2014</div> </div>  |   |
| Mailing Address 80 F Street, NW   |  | Amount<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">104.65</div>  |   |
| City<br>Washington  | State<br>DC  | Zip Code<br>20001  | <b>Transaction ID : D549541</b><br>Date of Disbursement or Obligation<br><div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY<br/>10 / 12 / 2014</div> </div> |
| Purpose of Expenditure<br>Inkind Staff Travel   | Category/<br>Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div> | Name of Federal Candidate<br>MARK E UDALL  |   |
| Calendar Year-To-Date<br>Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">34089.11</div> |  | Office Sought: <input type="checkbox"/> House District: 00<br><input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: CO<br>Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014<br><input type="checkbox"/> Other (specify) ▶ |   |

|  |   |
|--|---|
| <b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶    | <div style="border: 1px solid black; padding: 2px; display: inline-block;">284.65</div> |
| <b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>       |
| <b>(c) TOTAL</b> Independent Expenditures..... ▶                   | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>       |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Elizabeth H Shuler

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Date

MM / DD / YYYY  
10 / 14 / 2014

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

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 FOR SE OF FORM 24/48

|  |   |
|--|---|
| NAME OF COMMITTEE (In Full)<br><b>Workers' Voice</b>   | <b>FEC IDENTIFICATION NUMBER ▼</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00484287       </div> |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on |   |

|  |                       |  |  |
|--|-----------------------|--|--|
| Full Name of Payee<br><b>Voices of the American Federation of Government Employees</b>   |                       | Date of Public Distribution/Dissemination<br><div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> <div style="border: 1px solid black; padding: 2px;">10 / 12 / 2014</div> </div>   |  |
| Mailing Address 80 F Street, NW  |                       | Amount<br><div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> <span></span> <span>180.00</span> </div>   |  |
| City<br>Washington   | State<br>DC           | Zip Code<br>20001  | <b>Transaction ID : D549544</b><br>Date of Disbursement or Obligation<br><div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> <div style="border: 1px solid black; padding: 2px;">10 / 12 / 2014</div> </div> |
| Purpose of Expenditure<br>Inkind Staff Travel  | Category/<br>Type 002 | Name of Federal Candidate<br>ALISON LUNDERGAN GRIMES   |  |
|  |                       | <input checked="" type="checkbox"/> Support<br><input type="checkbox"/> Oppose   |  |
| Calendar Year-To-Date<br>Per Election for Office Sought  |                       | Office Sought: <input type="checkbox"/> House District: 00<br><input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: KY<br>Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014<br><input type="checkbox"/> Other (specify) ▶ |  |
| <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> <span></span> <span>54853.66</span> </div> |                       |  |  |

|  |                       |  |  |
|--|-----------------------|--|--|
| Full Name of Payee<br><b>Voices of the American Federation of Government Employees</b>   |                       | Date of Public Distribution/Dissemination<br><div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> <div style="border: 1px solid black; padding: 2px;">10 / 12 / 2014</div> </div>   |  |
| Mailing Address 80 F Street, NW  |                       | Amount<br><div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> <span></span> <span>123.74</span> </div>   |  |
| City<br>Washington   | State<br>DC           | Zip Code<br>20001  | <b>Transaction ID : D549545</b><br>Date of Disbursement or Obligation<br><div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> <div style="border: 1px solid black; padding: 2px;">10 / 12 / 2014</div> </div> |
| Purpose of Expenditure<br>InKind Staff   | Category/<br>Type 001 | Name of Federal Candidate<br>GARY PETERS   |  |
|  |                       | <input checked="" type="checkbox"/> Support<br><input type="checkbox"/> Oppose   |  |
| Calendar Year-To-Date<br>Per Election for Office Sought  |                       | Office Sought: <input type="checkbox"/> House District: 00<br><input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MI<br>Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014<br><input type="checkbox"/> Other (specify) ▶ |  |
| <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> <span></span> <span>86551.91</span> </div> |                       |  |  |

|  |  |
|--|--|
| <b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶    | <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> <span></span> <span>303.74</span> </div> |
| <b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶ | <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> <span></span> <span></span> </div>       |
| <b>(c) TOTAL</b> Independent Expenditures..... ▶                   | <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> <span></span> <span></span> </div>       |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Elizabeth H Shuler

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Date

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10 / 14 / 2014

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 6 OF 12  
FOR SE OF FORM 24/48

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|---|--|--|--|
| NAME OF COMMITTEE (In Full)<br><b>Workers' Voice</b>  |  | FEC IDENTIFICATION NUMBER ▼<br><b>C</b> C00484287  |  |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report |  | <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on |  |

|   |                             |   |                                 |
|---|-----------------------------|---|---------------------------------|
| Full Name of Payee<br><b>AFSCME Special Account</b>                         |                             | Date of Public Distribution/Dissemination<br>MM / DD / YYYY<br><b>10 / 12 / 2014</b>  |                                 |
| Mailing Address <b>1625 L Street, NW</b>                                    |                             | Amount<br><b>60.23</b>  |                                 |
| City<br><b>Washington</b>   | State<br><b>DC</b>          | Zip Code<br><b>20036</b>  | Transaction ID : <b>D549555</b> |
| Purpose of Expenditure<br><b>Inkind Staff Travel</b>                        | Category/Type<br><b>002</b> | Date of Disbursement or Obligation<br>MM / DD / YYYY<br><b>10 / 12 / 2014</b>   |                                 |
| Name of Federal Candidate<br><b>MARK BEGICH</b>                             |                             | Office Sought: <input type="checkbox"/> House District: <b>00</b><br><input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>AK</b> |                                 |
| Calendar Year-To-Date<br>Per Election for Office Sought<br><b>184788.01</b> |                             | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br>2014 <input type="checkbox"/> Other (specify) ▶                   |                                 |

|  |                             |   |                                 |
|--|-----------------------------|---|---------------------------------|
| Full Name of Payee<br><b>AFL-CIO</b>                                       |                             | Date of Public Distribution/Dissemination<br>MM / DD / YYYY<br><b>10 / 12 / 2014</b>  |                                 |
| Mailing Address <b>815 - 16th Street, NW</b>                               |                             | Amount<br><b>11.78</b>  |                                 |
| City<br><b>Washington</b>  | State<br><b>DC</b>          | Zip Code<br><b>20006</b>  | Transaction ID : <b>D549560</b> |
| Purpose of Expenditure<br><b>Walk Packets</b>                              | Category/Type<br><b>004</b> | Date of Disbursement or Obligation<br>MM / DD / YYYY<br><b>10 / 12 / 2014</b>   |                                 |
| Name of Federal Candidate<br><b>TERRI LYNN LAND</b>                        |                             | Office Sought: <input type="checkbox"/> House District: <b>00</b><br><input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>MI</b> |                                 |
| Calendar Year-To-Date<br>Per Election for Office Sought<br><b>86551.91</b> |                             | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br>2014 <input type="checkbox"/> Other (specify) ▶                   |                                 |

|  |              |
|--|--------------|
| (a) SUBTOTAL of Itemized Independent Expenditures.....▶    | <b>72.01</b> |
| (b) SUBTOTAL of Unitemized Independent Expenditures .....▶ |              |
| (c) TOTAL Independent Expenditures.....▶                   |              |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Elizabeth H Shuler

[Electronically Filed]

Date

MM / DD / YYYY  
**10 / 14 / 2014**

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

PAGE 7 OF 12

FOR SE OF FORM 24/48

|   |  |  |  |
|---|--|--|--|
| NAME OF COMMITTEE (In Full)<br><b>Workers' Voice</b>  |  | FEC IDENTIFICATION NUMBER ▼<br><b>C</b> C00484287  |  |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report |  | <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on |  |

|  |                             |   |                                 |
|--|-----------------------------|---|---------------------------------|
| Full Name of Payee<br><b>AFL-CIO</b>                                       |                             | Date of Public Distribution/Dissemination<br>MM / DD / YYYY<br><b>10 / 12 / 2014</b>  |                                 |
| Mailing Address <b>815 - 16th Street, NW</b>                               |                             | Amount<br><b>11.78</b>  |                                 |
| City<br><b>Washington</b>  | State<br><b>DC</b>          | Zip Code<br><b>20006</b>  | Transaction ID : <b>D549562</b> |
| Purpose of Expenditure<br><b>Walk Packets</b>                              | Category/Type<br><b>004</b> | Date of Disbursement or Obligation<br>MM / DD / YYYY<br><b>10 / 12 / 2014</b>   |                                 |
| Name of Federal Candidate<br><b>GARY PETERS</b>                            |                             | <input checked="" type="checkbox"/> Support<br><input type="checkbox"/> Oppose<br>Office Sought: <input type="checkbox"/> House District: <b>00</b><br><input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>MI</b> |                                 |
| Calendar Year-To-Date<br>Per Election for Office Sought<br><b>86551.91</b> |                             | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br>2014 <input type="checkbox"/> Other (specify) ▶   |                                 |

|  |                             |   |                                 |
|--|-----------------------------|---|---------------------------------|
| Full Name of Payee<br><b>AFT Solidarity 527</b>                            |                             | Date of Public Distribution/Dissemination<br>MM / DD / YYYY<br><b>10 / 12 / 2014</b>  |                                 |
| Mailing Address <b>555 New Jersey Ave. N.W.</b>                            |                             | Amount<br><b>191.15</b>   |                                 |
| City<br><b>Washington</b>  | State<br><b>DC</b>          | Zip Code<br><b>20001</b>  | Transaction ID : <b>D549576</b> |
| Purpose of Expenditure<br><b>InKind Staff</b>                              | Category/Type<br><b>001</b> | Date of Disbursement or Obligation<br>MM / DD / YYYY<br><b>10 / 12 / 2014</b>   |                                 |
| Name of Federal Candidate<br><b>TERRI LYNN LAND</b>                        |                             | <input type="checkbox"/> Support<br><input checked="" type="checkbox"/> Oppose<br>Office Sought: <input type="checkbox"/> House District: <b>00</b><br><input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>MI</b> |                                 |
| Calendar Year-To-Date<br>Per Election for Office Sought<br><b>86551.91</b> |                             | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br>2014 <input type="checkbox"/> Other (specify) ▶   |                                 |

|  |               |
|--|---------------|
| (a) SUBTOTAL of Itemized Independent Expenditures.....▶    | <b>202.93</b> |
| (b) SUBTOTAL of Unitemized Independent Expenditures .....▶ |               |
| (c) TOTAL Independent Expenditures.....▶                   |               |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Elizabeth H Shuler

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**10 / 14 / 2014**

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 8 OF 12  
FOR SE OF FORM 24/48

|   |  |  |  |
|---|--|--|--|
| NAME OF COMMITTEE (In Full)<br><b>Workers' Voice</b>  |  | FEC IDENTIFICATION NUMBER ▼<br><b>C</b> C00484287  |  |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report |  | <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on |  |

|   |                    |  |   |
|---|--------------------|--|---|
| Full Name of Payee<br><b>AFT Solidarity 527</b>         |                    | Date of Public Distribution/Dissemination<br>MM / DD / YYYY<br><b>10 / 12 / 2014</b> |   |
| Mailing Address <b>555 New Jersey Ave. N.W.</b>         |                    | Amount<br><b>191.15</b>  |   |
| City<br><b>Washington</b>                               | State<br><b>DC</b> | Zip Code<br><b>20001</b>   | Transaction ID : <b>D549578</b>   |
| Purpose of Expenditure<br>InKind Staff                  |                    | Category/<br>Type <b>001</b>   | Date of Disbursement or Obligation<br>MM / DD / YYYY<br><b>10 / 12 / 2014</b>   |
| Name of Federal Candidate<br><b>GARY PETERS</b>         |                    | <input checked="" type="checkbox"/> Support<br><input type="checkbox"/> Oppose       | Office Sought: <input type="checkbox"/> House District: <b>00</b><br><input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>MI</b> |
| Calendar Year-To-Date<br>Per Election for Office Sought |                    | <b>86551.91</b>  | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br>2014 <input type="checkbox"/> Other (specify) ▶                   |

|   |                    |  |   |
|---|--------------------|--|---|
| Full Name of Payee<br><b>Colorado AFL-CIO L2K</b>       |                    | Date of Public Distribution/Dissemination<br>MM / DD / YYYY<br><b>10 / 12 / 2014</b> |   |
| Mailing Address <b>140 Sheridan Blvd</b>                |                    | Amount<br><b>78.12</b>   |   |
| City<br><b>Denver</b>                                   | State<br><b>CO</b> | Zip Code<br><b>80226</b>   | Transaction ID : <b>D549587</b>   |
| Purpose of Expenditure<br>InKind Staff                  |                    | Category/<br>Type <b>001</b>   | Date of Disbursement or Obligation<br>MM / DD / YYYY<br><b>10 / 12 / 2014</b>   |
| Name of Federal Candidate<br><b>MARK E UDALL</b>        |                    | <input checked="" type="checkbox"/> Support<br><input type="checkbox"/> Oppose       | Office Sought: <input type="checkbox"/> House District: <b>00</b><br><input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>CO</b> |
| Calendar Year-To-Date<br>Per Election for Office Sought |                    | <b>34089.11</b>  | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br>2014 <input type="checkbox"/> Other (specify) ▶                   |

|  |               |
|--|---------------|
| (a) SUBTOTAL of Itemized Independent Expenditures.....▶    | <b>269.27</b> |
| (b) SUBTOTAL of Unitemized Independent Expenditures .....▶ |               |
| (c) TOTAL Independent Expenditures.....▶                   |               |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Elizabeth H Shuler

[Electronically Filed]

Date

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**10 / 14 / 2014**

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

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|   |  |  |  |
|---|--|--|--|
| NAME OF COMMITTEE (In Full)<br><b>Workers' Voice</b>  |  | FEC IDENTIFICATION NUMBER ▼<br><b>C</b> C00484287  |  |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report |  | <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> |  |

|   |                    |                             |   |  |  |
|---|--------------------|-----------------------------|---|--|--|
| Full Name of Payee<br><b>AFSCME for Michigan</b>                        |                    |                             | Date of Public Distribution/Dissemination<br>M M M / D D D / Y Y Y Y Y Y<br><b>10 / 12 / 2014</b>   |  |  |
| Mailing Address <b>1625 L Street, NW</b>                                |                    |                             | Amount<br><b>210.65</b>   |  |  |
| City<br><b>Washington</b>   | State<br><b>DC</b> | Zip Code<br><b>20036</b>    | Transaction ID : <b>D549601</b>   |  |  |
| Purpose of Expenditure<br><b>Inkind Staff Travel</b>                    |                    | Category/Type<br><b>002</b> | Date of Disbursement or Obligation<br>M M M / D D D / Y Y Y Y Y Y<br><b>10 / 12 / 2014</b>  |  |  |
| Name of Federal Candidate<br><b>TERRI LYNN LAND</b>                     |                    |                             | Office Sought: <input type="checkbox"/> House District: <b>00</b><br><input checked="" type="checkbox"/> Senate State: <b>MI</b>                  |  |  |
| Calendar Year-To-Date Per Election for Office Sought<br><b>86551.91</b> |                    |                             | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br>2014 <input type="checkbox"/> Other (specify) ▶ |  |  |

|   |                    |                             |   |  |  |
|---|--------------------|-----------------------------|---|--|--|
| Full Name of Payee<br><b>AFSCME for Michigan</b>                        |                    |                             | Date of Public Distribution/Dissemination<br>M M M / D D D / Y Y Y Y Y Y<br><b>10 / 12 / 2014</b>   |  |  |
| Mailing Address <b>1625 L Street, NW</b>                                |                    |                             | Amount<br><b>142.07</b>   |  |  |
| City<br><b>Washington</b>   | State<br><b>DC</b> | Zip Code<br><b>20036</b>    | Transaction ID : <b>D549602</b>   |  |  |
| Purpose of Expenditure<br><b>Inkind Staff Travel</b>                    |                    | Category/Type<br><b>002</b> | Date of Disbursement or Obligation<br>M M M / D D D / Y Y Y Y Y Y<br><b>10 / 12 / 2014</b>  |  |  |
| Name of Federal Candidate<br><b>GARY PETERS</b>                         |                    |                             | Office Sought: <input type="checkbox"/> House District: <b>00</b><br><input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>MI</b> |  |  |
| Calendar Year-To-Date Per Election for Office Sought<br><b>86551.91</b> |                    |                             | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br>2014 <input type="checkbox"/> Other (specify) ▶                   |  |  |

|  |               |
|--|---------------|
| (a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶    | <b>352.72</b> |
| (b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶ |               |
| (c) <b>TOTAL</b> Independent Expenditures..... ▶                   |               |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Ms. Elizabeth H Shuler*
*[Electronically Filed]*

Date

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**10 / 14 / 2014**

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

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|  |   |
|--|---|
| NAME OF COMMITTEE (In Full)<br><b>Workers' Voice</b>   | <b>FEC IDENTIFICATION NUMBER ▼</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00484287       </div> |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on |   |

|   |             |  |   |  |  |
|---|-------------|--|---|--|--|
| Full Name of Payee<br><b>AFSCME for Michigan</b>        |             |  | Date of Public Distribution/Dissemination<br><div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY<br/>10 / 12 / 2014</div> </div>                             |  |  |
| Mailing Address 1625 L Street, NW                       |             |  | Amount<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">10.60</div>  |  |  |
| City<br>Washington                                      | State<br>DC | Zip Code<br>20036  | <b>Transaction ID : D549606</b><br>Date of Disbursement or Obligation<br><div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY<br/>10 / 12 / 2014</div> </div> |  |  |
| Purpose of Expenditure<br>Inkind Staff Travel           |             | Category/<br>Type 002  | Name of Federal Candidate<br>GARY PETERS  |  |  |
|   |             | <input checked="" type="checkbox"/> Support<br><input type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00<br><input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MI                                     |  |  |
| Calendar Year-To-Date<br>Per Election for Office Sought |             |  | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br>2014 <input type="checkbox"/> Other (specify) ▶   |  |  |

|   |             |  |   |  |  |
|---|-------------|--|---|--|--|
| Full Name of Payee<br><b>AFSCME for Michigan</b>        |             |  | Date of Public Distribution/Dissemination<br><div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY<br/>10 / 12 / 2014</div> </div>                             |  |  |
| Mailing Address 1625 L Street, NW                       |             |  | Amount<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">38.18</div>  |  |  |
| City<br>Washington                                      | State<br>DC | Zip Code<br>20036  | <b>Transaction ID : D549608</b><br>Date of Disbursement or Obligation<br><div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY<br/>10 / 12 / 2014</div> </div> |  |  |
| Purpose of Expenditure<br>Inkind Staff Travel           |             | Category/<br>Type 002  | Name of Federal Candidate<br>TERRI LYNN LAND  |  |  |
|   |             | <input type="checkbox"/> Support<br><input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00<br><input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MI                                     |  |  |
| Calendar Year-To-Date<br>Per Election for Office Sought |             |  | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br>2014 <input type="checkbox"/> Other (specify) ▶   |  |  |

|  |  |
|--|--|
| (a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶    | <div style="border: 1px solid black; padding: 2px; display: inline-block;">48.78</div> |
| (b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>      |
| (c) <b>TOTAL</b> Independent Expenditures..... ▶                   | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>      |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Elizabeth H Shuler

[Electronically Filed]

Date

MM / DD / YYYY  
10 / 14 / 2014

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

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 FOR SE OF FORM 24/48

|   |  |  |  |
|---|--|--|--|
| NAME OF COMMITTEE (In Full)<br><b>Workers' Voice</b>  |  | FEC IDENTIFICATION NUMBER ▼<br><b>C</b> C00484287  |  |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report |  | <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> |  |

|   |                             |  |                                 |
|---|-----------------------------|--|---------------------------------|
| Full Name of Payee<br><b>AFSCME for Michigan</b>                        |                             | Date of Public Distribution/Dissemination<br>M M M / D D D / Y Y Y Y Y Y<br><b>10 / 12 / 2014</b>  |                                 |
| Mailing Address <b>1625 L Street, NW</b>                                |                             | Amount<br><b>8.28</b>  |                                 |
| City<br><b>Washington</b>   | State<br><b>DC</b>          | Zip Code<br><b>20036</b>   | Transaction ID : <b>D549609</b> |
| Purpose of Expenditure<br><b>Inkind Staff Travel</b>                    | Category/Type<br><b>002</b> | Date of Disbursement or Obligation<br>M M M / D D D / Y Y Y Y Y Y<br><b>10 / 12 / 2014</b>   |                                 |
| Name of Federal Candidate<br><b>TERRI LYNN LAND</b>                     |                             | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose<br><input type="checkbox"/> President <input checked="" type="checkbox"/> Senate |                                 |
| Calendar Year-To-Date Per Election for Office Sought<br><b>86551.91</b> |                             | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br>2014 <input type="checkbox"/> Other (specify) ▶            |                                 |

|   |                             |  |                                 |
|---|-----------------------------|--|---------------------------------|
| Full Name of Payee<br><b>Great Lakes Regional Organizing Committee/LIUNA General Treasury</b> |                             | Date of Public Distribution/Dissemination<br>M M M / D D D / Y Y Y Y Y Y<br><b>10 / 12 / 2014</b>  |                                 |
| Mailing Address <b>8770 Bryn Mawr Ave, #1212</b>  |                             | Amount<br><b>24.85</b>   |                                 |
| City<br><b>Chicago</b>  | State<br><b>IL</b>          | Zip Code<br><b>60631</b>   | Transaction ID : <b>D549623</b> |
| Purpose of Expenditure<br><b>InKind Staff</b>   | Category/Type<br><b>001</b> | Date of Disbursement or Obligation<br>M M M / D D D / Y Y Y Y Y Y<br><b>10 / 12 / 2014</b>   |                                 |
| Name of Federal Candidate<br><b>TERRI LYNN LAND</b>   |                             | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose<br><input type="checkbox"/> President <input checked="" type="checkbox"/> Senate |                                 |
| Calendar Year-To-Date Per Election for Office Sought<br><b>86551.91</b>                       |                             | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br>2014 <input type="checkbox"/> Other (specify) ▶            |                                 |

|  |              |
|--|--------------|
| (a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶    | <b>33.13</b> |
| (b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶ |              |
| (c) <b>TOTAL</b> Independent Expenditures..... ▶                   |              |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Ms. Elizabeth H Shuler*
*[Electronically Filed]*

Date

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**10 / 14 / 2014**

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

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|----------------------|----|----|----|
| PAGE                 | 12 | OF | 12 |
| FOR SE OF FORM 24/48 |    |    |    |

|   |  |  |  |
|---|--|--|--|
| NAME OF COMMITTEE (In Full)<br><b>Workers' Voice</b>  |  | FEC IDENTIFICATION NUMBER ▼<br><b>C</b> C00484287  |  |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report |  | <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on |  |

|   |                             |   |                                 |
|---|-----------------------------|---|---------------------------------|
| Full Name of Payee<br><b>Great Lakes Regional Organizing Committee/LIUNA General Treasury</b> |                             | Date of Public Distribution/Dissemination<br>MM / DD / YYYY<br><b>10 / 12 / 2014</b>  |                                 |
| Mailing Address <b>8770 Bryn Mawr Ave, #1212</b>  |                             | Amount<br><b>24.85</b>  |                                 |
| City<br><b>Chicago</b>  | State<br><b>IL</b>          | Zip Code<br><b>60631</b>  | Transaction ID : <b>D549626</b> |
| Purpose of Expenditure<br><b>InKind Staff</b>   | Category/Type<br><b>001</b> | Date of Disbursement or Obligation<br>MM / DD / YYYY<br><b>10 / 12 / 2014</b>   |                                 |
| Name of Federal Candidate<br><b>GARY PETERS</b>   |                             | <input checked="" type="checkbox"/> Support<br><input type="checkbox"/> Oppose<br>Office Sought: <input type="checkbox"/> House District: <b>00</b><br><input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>MI</b> |                                 |
| Calendar Year-To-Date<br>Per Election for Office Sought<br><b>86551.91</b>                    |                             | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br>2014 <input type="checkbox"/> Other (specify) ▶   |                                 |

|   |               |   |  |
|---|---------------|---|--|
| Full Name of Payee                                      |               | Date of Public Distribution/Dissemination<br>MM / DD / YYYY   |  |
| Mailing Address   |               | Amount  |  |
| City  | State         | Zip Code  | Date of Disbursement or Obligation<br>MM / DD / YYYY |
| Purpose of Expenditure                                  | Category/Type |   |  |
| Name of Federal Candidate                               |               | <input type="checkbox"/> Support<br><input type="checkbox"/> Oppose<br>Office Sought: <input type="checkbox"/> House District: _____<br><input type="checkbox"/> President <input type="checkbox"/> Senate State: _____ |  |
| Calendar Year-To-Date<br>Per Election for Office Sought |               | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▶   |  |

|   |                |
|---|----------------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶    | <b>24.85</b>   |
| (b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶ |                |
| (c) TOTAL Independent Expenditures..... ▶                   | <b>4421.70</b> |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Ms. Elizabeth H Shuler*
*[Electronically Filed]*

Date

MM / DD / YYYY  
**10 / 14 / 2014**

Signature